6-1995

Bulletin - June, 1995

Civil Aviation Medical Association

BULLETIN

of the CIVIL AVIATION MEDICAL ASSOCIATION

JUNE 1995

CAMA PLANNING FOR SAN ANTONIO MEETING WELL UNDER WAY

The annual CAMA scientific meeting is scheduled for San Antonio from 7-9 September 1995. The venue will be the Hilton Palacio Del Rio. This hotel is located on the famed riverwalk and attendees will be able to step directly from the lower lobby to the delights of this beautiful attraction.

This is a particularly pleasant time of year in San Antonio. It is warm during the day, but cools off nicely during the evening. That's when strolling along the riverwalk or riding in one of the sightseeing barges is most enjoyable. The hotel is also within easy walking distance of the superb downtown shopping galleria and the landmark "space needle" revolving restaurant at the site of the HemisFair. This last provides a panoramic view of the entire area as it rotates once each hour,

Other attractions include the Alamo, a magnificent new Spanish theme park, the marine Sea World, and a number of excellent USAF military museums at Kelly, Lackland, and Randolph Fields and the US Army museum at Fort Sam Houston. Physicians may be particularly interested in the military medicine museums at Brooks AFB and the new facility at Fort Sam Houston.

The professional aspects of the program are up to CAMA's usual high standards. AME attendees will obtain credit for their periodic FAA seminar participation requirement in addition to 26 CME category I AMA credit hours. The clinical subjects presented will include ophthalmology, neurology, cardiology, otology, psychiatry, and drug and alcohol addiction. One session will be devoted to the AME's administrative management of a serious problem case with emphasis on cardiac pathology. Kathleen Yodice, J.D., one of our favorite FAA attorneys will also present some of the legal problems and solutions which the AME can expect to confront.

All in all, this should be a superb CAMA meeting in a delightful setting. You'll not want to miss it!

PROPOSED MEDICAL REGULATION CHANGES DRAW PUBLIC'S IRE

The proposed changes in FAR Part 67 relating to physical examinations and standards have hit the flying public's "hot button." The response has been one of almost universal opposition to the changes. More than 5,000 letters have been received at the FAA, many with copies to the writers' congressmen and senators.

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BULLETIN *of the Civil Aviation Medical Association (CAMA)*

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The BULLETIN of the Civil Aviation Medical Association (CAMA) is published quarterly for CAMA members and others interested in aviation medicine.

The CAMA motto is: "Pro Bono Publico," "For the good of the public."

CAMA's organizational purpose is: "To provide the civil aviation physicians with education, representation to government and a voice with industry and the public."

The BULLETIN editor welcomes submissions of articles photos for publication. Please mail text in typewritten form or in WordPerfect software on floppy computer disk to:

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EDITORIAL: WHAT WILL IT TAKE? ✈ ✈ ✈ ✈ ✈

"We can do anything we want to because we're the government."– FAA attorney in response to a question at a public meeting about the FAA's alcohol and drug program rules–

Sadly, the above comment illustrates the prevailing attitude in some sections of our government. The arrogance of the statement strongly suggests that too many bureaucrats have forgotten their role. They're public servants, not dictators or despots. Industry officials now complain of an increasing authoritarian tenor from those in the FAA drafting the rules and regulations. Cooperation is no longer the order of the day.

The question has become one of, "Are we here because they're there, or are they there because we're here?" The answer is obvious but sometimes overlooked or ignored in Washington.

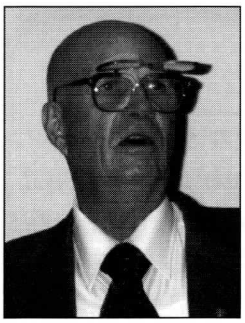
As our CAMA President noted in his current message, when things become too onerous or oppressive, the general public will ultimately be heard. Last year's election suggests as much. Even more recently, the huge response to the proposed FAA changes illustrates the same phenomenon. Let's hope that this is enough....

CAMA MEMBERS TO HEAR GULF WAR SYNDROME EXPERT

Brigadier General (Dr.) Robert P. Belihar, USAF will be the featured luncheon speaker on September 7th at the CAMA meeting in San Antonio. He is the commander of the Human Systems Center at of the Air Force Material Command at Brooks AFB.

Dr. Belihar completed his undergraduate education at Brigham Young University and obtained his medical degree from the University of Utah in 1969. An ophthalmologist by training, he also holds an MPH from the University of Texas and is a graduate of the USAF Air War College at Maxwell AFB, Alabama. He is dually certified in both ophthalmology and aerospace medicine.

General Belihar has been heavily involved in studies of the Gulf War Syndrome since the completion of that operation in 1991. This same entity has been the focus of much public and congressional attention ever since large numbers of veterans have complained of mysterious and as yet not fully understood ailments. He'll share with us the results of studies to date together with an insight into the nature of this controversial syndrome. It's a presentation physicians will want to hear.



PRESIDENT'S MESSAGE

Our last *CAMA Bulletin* had something for almost everyone. The response from all quadrants has been significant. To be sure, many individuals and groups who had envisioned CAMA as a passive organization have reformulated their opinions.

One of CAMA's responsibilities has been to analyze the overall picture in terms of an airworthy pilot and not to become involved in petty politics. The FAA and its predecessor, the CAA, always determined the minimum requirements for airworthiness based on the pilot's history and the current "state of the medical art." Sometimes the art moves faster than government inertia can manage. The FAA, in order to respond to political pressures to "do something" may have been forced to issue criteria which may not be completely in stride with up-to-date medical knowledge and opinions. Remember the Challenger?

CAMA arrives at its stated opinions based on sound medical covenants which are not swayed by either political pressures or by trade organizations. For example, in Bob Hoover's case there was overwhelming medical evidence on which we based our position. Now we find ourselves expressing our clinical doubts about certain proposed changes to FAR Part 67 relating to the medical standards for pilots.

Unfortunately, our Federal Air Surgeon, Dr. Jon Jordan, is the "Mayor of the Town," and as such, he personally catches the flack from all directions. We tend to forget that he was not the source of the clinical data relative to Bob Hoover. Nor did he personally develop the data for the proposed FAR changes. Therefore, I do not think that he should become the symbol for all that each of us think may be wrong with the FAA. In simple terms, Dr. Jordan has been hit by both barrels of a double-barreled shotgun—first the Hoover case and now the proposed FAR standards changes.

In reality, CAMA is an educational entity with a mission to "spread the word" about good medical practices. Those practices are designed to assist AME's to serve their patients as well as to ensure that pilots are fit to fly in accordance with FAA-prescribed criteria.

When a regulatory system in a democracy like ours becomes excessive and burdensome, the general public will speak out and let the regulators know in no uncertain terms. They'll mandate a change in a less oppressive direction. The FAA, while far from perfect, has in the past kept airworthiness standards more or less compatible with changing technologies. I certainly hope that mutual cooperation between industry, airmen, and the FAA will result in safety characterized by a "state of the art" simplified medical review.

Sincerely,

Forrest M. Bird, M.D., Ph.D.
President

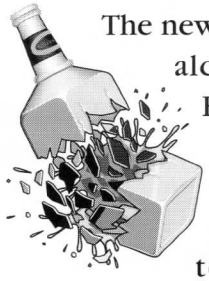
NEWS OF MEMBERS

The current climate for aviation medicine has been tainted by both the Hoover case and the FAA proposals for changes in the medical regulations. **M. Young Stokes, III, M.D.** of Denison Texas, a CAMA past president, has written a concise defense of working AME's which appeared in the 31 March issue of *General Aviation News and Flyer*. He pointed out that most examiners perform these examinations as a service to pilots and work to keep them in the air. Good examiners can be a pilot's best friend.

CAMA Executive Vice-President **James L. "Jim" Harris** worked many 18 hour days as a volunteer helping to operate a kitchen for the rescue workers following the recent tragic Oklahoma City terrorist bombing incident. This was in addition to his normal responsibilities for CAMA operations. He doubled up and got both jobs done in exemplary fashion! *(See "United We Stand" - Ed.)*

John D. "Jack" Hastings, M.D., of Tulsa Oklahoma, CAMA Vice President for Communications, authored a short article "Fatigue and Flying" which appeared in the April issue of *SPORT AVIATION*, the official publication of the Experimental Aircraft Association. Dr. Hastings serves as a member of the EAA Medical Advisory Council as well as a CAMA officer. An active pilot, he normally flies himself throughout North America to meet his heavy professional speaking schedule.

ALCOHOL TESTING UNDERWAY



The new federal program calling for random alcohol testing is finally underway. Effective the first of the year, it calls for random breath testing those in "safety-sensitive" positions as well as pre-employment and "for cause" testing. There are a few other requirements as well; e.g. returning to duty after alcohol rehabilitation, after an accident, etc.

The program is similar to the ongoing urine drug testing program. The annual random alcohol test rate is presently set at 25% of the employees in the subject occupations; e.g. pilots, flight attendants, mechanics, security screeners, and so on in the aviation industry. Also included are bus and truck drivers, pipeline operators, and others in various transportation and related industries.

This program has been mandated by congress. The Department of Transportation (DOT) had no choice in the matter although they were quite late in publishing their rules. The law was in part a reaction to a fatal New York subway accident in which the motorman was found to have been drinking at the time. The fact that there has never been a U.S. airline aircraft accident attributed to alcohol use on the part of a crew member made no difference.

The individuals doing the testing have had to be trained, equipment had to be purchased, and the subjects have been detained for testing. A major administrative program has been developed which includes record keepers, federal inspectors, and so on. Some airlines have even been forced to pay their employees for the time required when the employee is selected for a test. In sum, the program is quite expensive. Obviously the cost eventually will be passed on to the traveling public in the form of higher ticket prices.

Even the DOT, normally a staunch supporter of this sort of testing, has requested congress to change certain por-

(continued on page 9)

AERONAUTICAL PROBLEM CASE OF THE QUARTER

by

Stephen L. Carpenter, M.D.

Joe Charterpilot is a 33 year old patient of yours who has come to you annually for several years for his FAA medical examination. Today, he called to talk about a problem, and his conversation went something like this:

"Well, Doc, about three weeks ago, I was letting down from my cruise altitude when I felt a lot more pressure than usual in my ears. At first they wouldn't 'pop.' Finally my left ear did, but the right one never did. It hurt for hours. It was a little better the next day, but I made an appointment with Dr. Smith, the ear, nose, and throat doctor.

"Dr. Smith looked in my ears and tested my hearing. He said that I'd had a little bleeding in my ear drum and that it looked like I had fluid behind both eardrums. He prescribed an antibiotic and a decongestant and told me to come back this week.

"I saw Dr. Smith again today. He tested my hearing again and did some sort of 'pressure testing.' When he looked in my ears, he said the blood was gone, but the fluid was still there and it was affecting my hearing. He said that he wanted to put some tubes in my ears for a few months to get rid of the fluid. He also said that I should have some allergy testing.

"I told Dr. Smith that I wanted to talk to you because I didn't want to have a problem with my flying.

"First, do I really need tubes or will things get better if I leave everything alone?

"Second, is there something I should have done to prevent this problem in the first place?

"Third, what will tubes to do my medical certificate?"

Let's first describe what I think happened. Joe probably had a little bit of congestion on the day of his last flight, but not enough that he felt that he shouldn't fly. On descent however, he had an ear block (a failure of the Eustachian tube to open and equalize the pressure on both sides of the ear drum). As the pressure on the outside of his drum continued to increase, he developed a barotitis media. The tympanic membrane and mucosal linings of the middle ear experienced a transudation of fluid and/or blood into the tissues. The differential pressure stretched the drum causing pain. During the next several hours, although the pressure on both sides of the drum eventually equalized, the damage had been done.

Dr. Smith's initial treatment was appropriate. The follow-up test three weeks later still showed a serous otitis and a hearing loss however. That warranted further treatment. Normally at three weeks, the acute effects have resolved, so that the fluid still present suggested either a chronic serous otitis or chronic allergies. While a "wait and see" approach might be practical for many, this is somewhat risky for a professional pilot. If he's not flying, he may not be getting paid. A somewhat more aggressive approach, including a myringotomy with tube placement, may well help him return to flying more rapidly. Obviously it would be unwise to fly with persistent middle ear fluid present. The next episode of barotrauma could result in even more significant ear damage.

As always, it's easier to prevent trouble than to get out of trouble once in. Pilots must be careful about flying with a URI or an upper airway allergic condition. Once airborne, a prophylactic spray decongestant, especially before beginning a descent, may help. Frequent swallowing, the Valsalva maneuver, yawning, or possibly chewing gum may help while on the way down. In spite of all this, if one's ears block, it may help to climb back to the altitude where the pressure is equal. Then the pilot can start the descent once more but with a still slower rate to enable him to "keep up with" clearing his ears.

Finally, let's consider his medical certificate. Obviously, no one should fly with acute pain or a new and dramatic hearing loss. Acute treatment; e.g. the use of antihistamines, is also a reason not to fly. When the acute phase is over, medicines are no longer needed, and there is no vertigo, the pilot is ready to return to the cockpit. We all hope that the aviator in question will now practice good preventive measures to avoid another such episode.

✈ ✈ ✈ *(continued on page 7)*

CAMA BOARD MEETING HELD IN ANAHEIM

The annual Aerospace Medical Association scientific meeting was held in Anaheim this year at the Disneyland Hotel. On Monday the 8th of May, the CAMA board held its regular spring deliberations in conjunction with the above. As a result of an unusual set of circumstances, President Bird and President-Elect Tucker were both unavailable, so the board was guided by Executive VP Jim Harris ably assisted by VP for Management John Boyd.

Most of the subjects covered were routine and suggest that the organization is running smoothly. Membership is growing albeit more slowly than might be wished. However, since membership in other aviation medicine organizations is dropping precipitously, we can be proud of the progress we are making. To support recruiting, CAMA now hosts a small reception for new AME's at their initial seminars in Oklahoma City. There will also be a CAMA display at selected aviation events where physicians are likely to gather.

Finances under the able stewardship of Secretary-Treasurer Floyd McSpadden are prospering. The other organizational elements are also doing well although there is a need for a new representative in Washington. VP Duane Catterson is working on that problem.

Much of the meeting revolved around the very controversial proposed changes to the FAA's medical regulations. The board generally agreed that most of the changes were unnecessary and undesirable although they were not unanimously opposed to all. One board member mentioned that several physicians had objected to CAMA's position. On the other hand, it was immediately apparent that those objecting were all FAA employees!

The next board meeting is scheduled for 19:45 on Thursday the 7th of September in San Antonio during the annual CAMA scientific session. Board meetings are open to any and all CAMA members who wish to attend. See you there!!!!

UNITED WE STAND

by

James L. Harris, M.Ed.

Executive Vice President, CAMA

The citizens of Oklahoma City and the entire state have gained tremendous respect throughout the world for their response to the tragedy of April 19, 1995. The terrorist bombing of the Murrah Federal Building claimed hundreds of lives including those of innocent young children. Even as my eyes fill with tears, my heart swells with pride that my fellow Oklahomans have worked tirelessly to meet the needs of the rescue workers and the investigators. United we stand.

Almost everyone here has been affected. Many CAMA members called to check on Sammie and me and to see if we were injured. Our personal thanks to all for your calls and concerns. Fortunately, we had no injuries or damage. We particularly appreciate those who sent donations to assist in the relief effort. They have been placed where they will do the most good.

Sammie and I volunteered our time in coordinating the kitchen effort at St. Luke's United Methodist Church which provided food and housing for some 200 homeless. Approximately 2,000 meals per day were provided to those working in the relief effort. But there is also something good coming from this horrible tragedy. Like the Phoenix rising from the ashes, a stronger, more cohesive community is growing to fulfill the legacy of those we lost. United we stand.

On behalf of our entire Civil Aviation Medical Association let me offer our heartfelt condolences to the families and friends of the victims. United we stand.

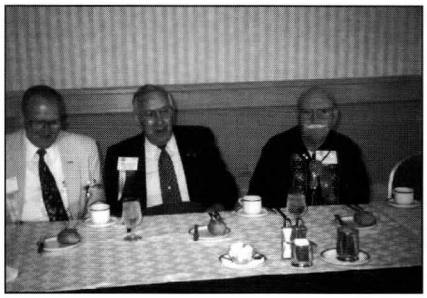
The present Code of Federal Regulations–the laws which govern us at the federal level–presently fill some 130,000+ pages. That's an awful lot of verbiage compared with the Golden Rule: "Do unto others as you would have others do unto you." Note that the last requires just 11 words....

"I don't make jokes. I just watch the government and report the facts." Will Rogers (1879-1935)

"When I was a boy, I was told that anybody could become president; I'm beginning to believe it." Clarence Darrow (1857-1938)

ATTENTION ALL MEMBERS AND SPOUSES

CAMA new Exhibit Booth will be available at the Annual Meeting in San Antonio for everyone to see. The Board thought it will be nice to make it available to display any crafts or art work that you might like to display for the group to admire. If you would like to participate please let the home office know what you plan to bring and display.



CAMA Luncheon
Speaker at the Aerospace
Medical Association Meeting
(From Left to Right)
Jim Harris, Charles A. Berry,
M.D., John Boyd, D.O.

CAMA Board Meeting
Held in Anaheim

CAMA Luncheon

CAMA Luncheon

New Medical Entity
"Mural Dyslexia" – Failure to recognize the handwriting on the wall.

Political Correctness?
"Socially desirable response pattern" – Lying.

It is better to be a mouse in a cat's mouth than a man in a lawyer's hands. Spanish proverb

"A wise man should consider
that health is the greatest
of human blessings."
-Hippocrates

(AERONAUTICAL PROBLEM continued from page 5)

If Joe Charterpilot does have a myringotomy with or without tube placement, he'll need to stay on the ground only until he's recovered from the procedure (usually a few days or less). After that, he can return to flying since he's now far less likely to experience an ear block. The surgical opening will easily equalize the pressure during a descent.

At the time of his next FAA examination, he should report his new medical history of course. But, unless some residual complications arise, he should be qualified for any class of medical certificate he wishes at least from the ear problem standpoint. As the AME, you're authorized to issue such a certificate and simply forward the information to Oklahoma City's FAA Certification Division along with the rest of the FAA Form 8500 etc. If you have any questions, you can always call your Regional Flight Surgeon or call me in Oklahoma City at (405) 954-4419.
(Dr. Steve Carpenter is a staff member of the FAA Certification Division in Oklahoma City. In addition, he is a military flight surgeon with the Oklahoma Guard and an active pilot himself. His wife is an active family practitioner and an AME in Ada, Oklahoma! Imagine their dinner table conversation if an administrative error pops up from her office....CAMA thanks Dr. Carpenter for his effort and his interesting case contributions. - Ed.)

WELCOME NEW CAMA MEMBERS ✈ ✈ ✈ ✈

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(ALCOHOL TESTING continued from page 4)

tions of the law. They've realized that pre-employment alcohol breath testing is a waste of time and effort and should not be required. At press time, they've suspended such testing and are awaiting congressional action to revise this particular requirement.

The testing process is also under revision. The initial rules did not make any provision for alcohol screening devices. Only evidentiary breath testing machines were to be used. Industry expertise has finally convinced the DOT lawyers that screening devices are accurate enough to save both time and money. DOT staff members are therefore busy rewriting the regulations once more to permit the use of these quicker and less expensive testing devices.

In the first four months of the year, significant numbers of tests have been performed. Two major airlines informally reported their findings at a recent medical meeting, and they were underwhelming to say the least. One airline found a single security screener positive out of more than a thousand random breath tests. That same airline estimated that it had spent $3 million dollars getting ready for the entire drug and alcohol testing program. The other airline found a mechanic, a flight attendant, and a security screener with alcohol on their breath. Neither found any pilot positives.

One foreign carrier which also does some substance testing recently noted that it had never had a pilot positive for alcohol or illicit drugs although it did find a few individuals positive for benzodiazepines. *(Benzodiazepines are not tested under the U.S. federal programs. - Ed.)*

Experts have long predicted such. Most are of the opinion that the cost-benefit ratio for alcohol breath testing–particularly for pilots–is very poor. They point out that more alcoholic airline pilots have been discovered following a withdrawal convulsion than have been found proximate to flight with alcohol in their systems. Those in withdrawal obviously would have had negative blood alcohol values, since a day or so of abstinence is required prior to the development of withdrawal seizures.

(CAMA is on record that random alcohol breath testing is not useful for aviators. Those who are found positive in the cockpit almost assuredly suffer from late-stage alcoholism. CAMA believes that there are better means to detect pilots with alcoholism than random breath testing. - Ed.)

TUCKER'S TIPS

by

James L. Tucker Jr., M.D.

Did you know?

....That 65% of all glasses prescriptions in the Western Hemisphere are for the correction of presbyopia? (Inability to focus from distance to near, usually after the age of 40.)

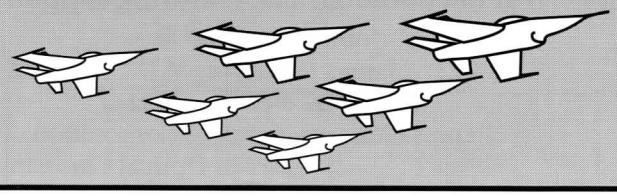
....That the onset of presbyopia varies from warm to cold climates? Near the equator, the average age of onset is 37-39; e.g. India and Puerto Rico, and 45-46 in Great Britain and Norway.

....That the prevalence of presbyopia in the United States is 31 per 100 individuals.

....That the first eye glasses ever worn were for the correction of presbyopia? (It happened about the 14th century.)

....That bifocal contact lenses have been available for more than 25 years? The fact that fewer than 1% of presbyopes wear them speaks to their technical inadequacies. (The FAA will not approve the use of bifocal contact lenses.)

(James L. "Jim" Tucker Jr. is an ophthalmologist who practices in Abilene, Texas. He is a regular lecturer at FAA AME seminars, a retired US Air Force Major General, and presently serves as the CAMA President-Elect.)



(PROPOSED REGULATIONS continued from page 1) ✈ ✈ ✈

An avalanche of replies similar to this one has not been seen in the Office of Aviation Medicine for more than two decades. The last such flap occurred when the FAA proposed to eliminate Senior Examiners and have all Class I examinations performed at specified medical institutions. That proposal died a well-deserved and ignominious death.

The general aviation alphabet organizations have done a good job at mobilizing their members to write in opposition to the proposals. The Aircraft Owners and Pilots Association is on record specifically requesting the FAA Administrator to cancel the entire proposal. However, the administrator has as yet made no public comment.

Some senior FAA medical officials are mystified by the tremendous negative response. As one said, "We're just putting into writing what we've really been doing all along...."

Best Bet: It's too early to tell just yet what the final outcome will be. However, the odds are that the proposals, if enacted at all, will be greatly watered down before they become regulations.

FAA AME SEMINAR SUBJECTS SLATED FOR CHANGE

✈ ✈ ✈ ✈ ✈ ✈ ✈ ✈ ✈

Long-tenured aviation medical examiners have been attending the required periodic seminars for years–initially at five, and more recently at three year intervals. These AMEs recognize the subjects, and frequently the speakers as well. Worse, the subjects presented have changed little. There has usually been some ophthalmology, some otolaryngology, some neurology, some addiction medicine, and almost always some cardiology. In addition, the regional flight surgeon and some of the Oklahoma City staff usually discussed regulations, problems filling out FAA forms, and other administrative matters. But that's slowly changing and for the better.

The Oklahoma City FAA seminar staff members have long recognized that for the same AME to hear the same subjects time after time is not productive. In fact, it's boring. The good news is that they're gradually changing the seminar format. In the recent past, they've held seminars focused just on cardiology and another heavily oriented toward neurology. These "specialized" seminars go into much greater depth about the subject and its relation to aviation than has been the case in the past. They're certainly a welcome change from the previous "standard" format.

Although they've not directly asked for suggestions, manager Doug Burnett and his able assistants are always on the lookout for good advice. AME's who wish to discuss the seminar programs are always welcome to call Oklahoma City to speak with Doug and his associates.

CIVIL AVIATION MEDICAL ASSOCIATION

Corporate and Sustaining Members

The financial resources of individual members alone cannot sustain the Association's pursuit of its broad goals and objectives. Its forty-five year history is documented by innumerable contributions toward aviation health and safety that has become daily expectations by the world's flying population. Support from private and industrial sources is essential for CAMA to provide one of its important functions, that of education. The following support CAMA through Corporate and Sustaining Memberships:

John H. Boyd, D.O.
James L. Tucker, M.D.
William D. Weaver, Jr., D.O.
M. Young Strokes, III, M.D.
Albert van der Waag, Jr., M.D.
Francis C. Hertzog, Jr., M.D.
Express America Funding Corporation
Percussion Aire Corporation - Dominique Bird, President
Stereo Optical Company, Inc. - Joseph F. Anders, President

HOOVER CASE REACHES FINAL CONCLUSION

The Bob Hoover medical certificate case is finally closed...at least for now. Attorney F. Lee Bailey petitioned the U.S. Supreme Court for a review of the appeals court decision upholding the National Transportation Safety Board. The NTSB had previously sustained the FAA's revocation of Hoover's medical certificate. In a typically terse announcement on the 20th of March, they refused to hear the appeal. This means that all possible avenues of appeal have been exhausted and Bob Hoover will not be issued the medical certificate he requested.

But that's not necessarily the end of the story.

The entire process applies only to the medical certificate application he made a year or so ago. Hoover can, if he wishes, start the entire process all over again by simply applying for another medical certificate. The application begins a new ball game, and presumably could lead to a repetition of most of the process all over again. Obviously this would not be smart and it would be quite expensive.

The FAA is always willing to consider any new information or medical reports. Hoover could retake the tests, or submit others to support his fitness to fly. This is a far less expensive procedure, and is probably the only practical course of action open to him at this point.

Best Bet: The odds are now greatly against Bob Hoover flying again—at least in the U.S.A. Air Show aficionados will be telling each other for years about the performances they've seen by the great Bob Hoover much as baseball fans talk of seeing Joe DiMaggio or Babe Ruth play.

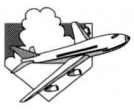
DOT DECREASES RANDOM DRUG TEST RATE

The required annual random test rate for urine drug testing in selected transportation modes has been dropped to 25%. Previously, covered employees had been tested at a 50% annual test rate. This means that any individual now has only one chance in four of being asked to provide a urine specimen for the DOT drug test program in any given year. This decrease applies to both aviation and rail employees. According to Transportation Secretary Federico Peña, "By taking this action, we are rewarding the industries' success in reducing drug use."

According to Secretary Peña, the action will save industry an estimated 40% of the previous cost of random urine drug testing.

(The positive rate for random drug testing among airline employees has been a fraction of one percent for some years. Nor has it changed substantially. Among pilots flying for the major carriers, it is virtually negligible. In turn, this suggests that the program has actually accomplished little. The secretary's inference that drug use was higher and has been reduced in the airline industry has generated substantial animosity among airline employees. - Ed.)

LAUBER TO DELTA AIRLINES



John K. Lauber Ph.D. has joined Delta Airlines as Vice President for Safety and Corporate Compliance. Dr. Lauber just completed two terms as a member of the National Transportation Safety Board and prior to that, served as a distinguished scientist with NASA at the Ames Research Center. His area of expertise included cockpit resource management, human factors in cockpit design and function, and crew workload. CAMA members will remember his excellent presentation at the 1994 annual meeting in Phoenix. He was also given CAMA's prestigious Bird Award at the same time in recognition for his outstanding contributions to aviation medicine.

News

MEETING SCHEDULES

FAA AVIATION MEDICAL EXAMINER (AME) SEMINAR SCHEDULES

Philadelphia, PA . . . . . June 23-25, 1995
Oklahoma City, OK . . . . . July 24-28, 1995
Memphis, TN . . . . . August 25-27, 1995
San Antonio, TX-CAMA . . .September 6-10, 1995
Salt Lake City, UT . . . . . September 22-24, 1995
Oklahoma City, OK . . . . . October 2-6, 1995
Albuquerque, NM . . . . . October 27-29, 1995
Kansas City, MO . . . . . November 16-18, 1995
Tampa, FL . . . . . December 1-3, 1995

For more information, contact your Regional Flight Surgeon or:
MR. DOUGLAS R. BURNETT
AAM-400
AEROMEDICAL
EDUCATION DIVISION
P.O. BOX 25082
OKLAHOMA CITY, OK 73125
(405) 954-4830 / 6214

MEETINGS OF INTEREST TO CAMA MEMBERS

43rd Annual Int'l. Congress of Aviation & Space Medicine
October 22-26, 1995
London, England, United Kingdom
Congress Secretariat,
ICADM 95, P.O. Box 10 (S601)
Heathrow Airport
Hounslow Middlesex TW6 2JA
United Kingdom

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67th Annual Aerospace Medical Association Meeting
Atlanta Hilton & Towers
Atlanta, GA . . . . . May 5-9, 1996

For more information on the AsMA meeting, contact:
RUSSELL RAYMAN, M.D.
ASMA
320 S. HENRY STREET
ALEXANDER, VA 22314
(703) 739-2240

ANNUAL CAMA MEETING DATES

San Antonio, TX USA . . . . .Sept. 6-10, 1995
Virginia Beach, VA . . . . . .Oct. 16-20, 1996
New Orleans, LA USA 1997

CAMA will publish specific information when details are available.

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FLYING PHYSICIANS ASSOCIATIONS, INC.

June 24-30, 1995
FPA Annual Meeting
The King and Prince Beach Resort
St. Simons, Island, GA

For More Information Contact:

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